



Cancer Treatments, What's Ahead

We continue to move forward with the use and additional testing of medications that are not chemotherapy. These new treatments target weaknesses on cancer cells. Examples currently available and approved by the FDA are Tarceva™ for lung cancer, Herceptin® for breast cancer, and Avastin®, a medication to cut the blood supply to tumors, for colon cancer. Currently under research and showing promise are medications with effects on cancer cell metabolic pathways, such as small molecules available for oral administration that block multiple cancer cell growth mechanisms. Combinations of these new medications with effective traditional and new chemotherapy agents may yield enhanced anticancer activity and increase cancer control rates and even cure rates. Such new treatments can also result in additional side effects. Thus, being fully informed about the benefits and risks of treatments is essential.

New oral medications are being tested in kidney cancer and thyroid cancer. Immune-system-enhancing therapies are being tested in prostate cancer, melanoma, and pancreatic cancer; and human antibodies are being tested against colon cancer.

It has been our mission to bring to our patients the most current and effective available treatment programs to include, where applicable, clinical trial options. This allows the patients and us to have more comprehensive options. Our program has the infrastructure and staff with advanced training, such as research nurses and clinical research coordinators, necessary to support and conduct clinical trials. Our ability to offer our patients the latest clinical trials and access to novel molecules with unique mechanisms of action is also a function of our cooperation with prestigious organizations, such as the UCLA Affiliated Translational Oncology Research International Network.

A list of the active clinical trials at Pacific Shores Medical Group is provided here. For updated information please visit our website at www.pacshoresoncology.com

ANEMIA

-Assessment of Early And Standard Intervention With Procrit® (Epoetin Alfa) 120,000 Units Once Every Three Weeks (Q3W) in Patients With Cancer Receiving Chemotherapy

-A Study to Assess the Impact of Once Per Cycle Correction and Maintenance Dosing of Darbapoetin Alfa in Subjects With Non-Myeloid Malignancies With Anemia Due to Chemotherapy

BONE METASTASES*

-A Randomized, Active Controlled Study of AMG 162 in Subjects With Advanced Cancer Currently Being Treated With Intravenous Bisphosphonates

BREAST CANCER, Adjuvant Therapy**

-Neo-adjuvant Treatment and Molecular Characterization of Locally Advanced Breast Cancer

-A Clinical Trial Comparing Anastrozole With Tamoxifen in Postmenopausal Patients With Ductal Carcinoma In Situ (DCIS) Undergoing Lumpectomy With Radiation Therapy

-A Clinical Trial of Adjuvant Therapy Comparing Six Cycles of 5-Fluorouracil, Epirubicin and Cyclophosphamide (FEC) to Four Cycles of Adriamycin and Cyclophosphamide (AC) in Patients With Node-Negative Breast Cancer

-A Phase III, Adjuvant Trial Comparing Three Chemotherapy Regimens in Women With Node-Positive Breast Cancer: Docetaxel/Doxorubicin/Cyclophosphamide (TAC); Dose-Dense (DD) Doxorubicin/Cyclophosphamide Followed by DD Paclitaxel (DD AC _ P); DD AC Followed by DD Paclitaxel Plus Gemcitabine (DD AC _ PG)

BREAST CANCER, METASTATIC*, First-Line Therapy

-Phase I/II Combined Biological Therapy of Breast Cancer Using Monoclonal Antibodies directed against HER2/NEU Proto-Oncogene and Vascular Endothelial Growth Factor (VEGF)

-A Randomized Phase II Trial of Docetaxel With or Without Bevacizumab as First-Line Therapy For HER2-Negative Metastatic Breast Cancer

-Phase II Randomized Trial of Faslodex® and Herceptin®, Alone and Combined, in the First-Line treatment of Hormone Receptor-Positive, HER-2/neu-Overexpressing Metastatic Breast Cancer

-A Randomized, Double-Blind, Placebo-Controlled, Multicenter Phase III Study Comparing GW572016 and Letrozole versus Letrozole in Subjects With Estrogen/Progesterone Receptor-Positive Advanced or Metastatic Breast Cancer

BREAST CANCER, METASTATIC*, Second/Third-Line Therapies

-A Phase III, Randomized, Open-Label, Multicenter Study Comparing GW572016 and Capecitabine (Xeloda®) versus Capecitabine in Women With Refractory Advanced or Metastatic Breast Cancer

-A Randomized, Open-Label, Phase III Study of RPR109881 IV Every 3 Weeks versus Capecitabine (Xeloda®) Tablets Twice Daily For 2 Weeks in 3-Week Cycle in Patients With Metastatic Breast Cancer Progressing After Taxanes and Anthracycline Therapy

BREAST CANCER, Prevention/Observation

-An Observational Cohort study of Patients With HER2-Positive Metastatic Breast Cancer

-Effects of Selective Estrogen Receptor Modulators on Cognitive Aging: Cognition in the Study of Tamoxifen and Raloxifene

COLON AND RECTAL CANCER, Adjuvant Therapy**

-A Randomized, Three Arm Multinational Phase III Study to Investigate Bevacizumab (q3w or q2w) in Combination With Either Intermittent Capecitabine Plus Oxaliplatin (XELOX) q3w or Fluorouracil/Leucovorin With Oxaliplatin (FOLFOX-4) Versus FOLFOX-4 Regimen Alone as Adjuvant Chemotherapy in Colon Carcinoma

-A Phase III Clinical Trial Comparing Infusional 5-Fluorouracil (5-FU), Leucovorin, and Oxaliplatin (mFOLFOX6) Every Two Weeks With Bevacizumab to the Same Regimen Without Bevacizumab For the Treatment of Patients With Resected Stages II and III Carcinoma of the Colon

COLON AND RECTAL CANCER, METASTATIC*, First-Line Therapy

-A Randomized, Open-label, Controlled, Clinical Trial of Chemotherapy and Bevacizumab With and Without Panitumumab in the First-line Treatment of Subjects With Metastatic Colorectal Cancer

-Chemotherapy Administered Every 2 Weeks With or Without a Single Injection of Pegfilgrastim as First- or Second-Line Treatment in Subjects With Locally Advanced or Metastatic Colon Cancer

-A Phase II Trial to Evaluate the Efficacy and Safety of Bevacizumab in Combination With Capecitabine (Xeloda®) in Frail Patients With Untreated Metastatic Colorectal Cancer

-A Phase IV, Randomized, Prospective, Multicenter Comparison of an Intermittent Schedule of Oxaliplatin (IO) Combined With 5-Fluorouracil/Leucovorin (FOLFOX)/Bevacizumab Versus the Conventional (CO) Mode of Administration of FOLFOX/Bevacizumab + Neuroprophylaxis With Calcium/Magnesium for the Optimization of First-Line Therapy of Metastatic Colorectal Cancer

COLON AND RECTAL CANCER, METASTATIC*, Second/Third-Line Therapies

-A Phase 2 Multicenter Single Arm Clinical Trial of ABX-EGF Monotherapy in Subjects With Metastatic Colorectal Cancer Following Treatment With Fluoropyrimidine, Irinotecan and Oxaliplatin Chemotherapy

-A Phase 2 Multicenter Single Arm Clinical Trial of ABX-EGF Monotherapy in Subjects With Metastatic Colorectal Cancer whose Tumors Express Low or Negative

Cont'd on page 14

Cont'd from page 13

EGFR Levels by Immunohistochemistry Following Treatment With Fluoropyrimidine, Irinotecan, and Oxaliplatin Chemotherapy

-A phase III Randomized, Open-Label, Multicenter Study of Irinotecan and Cetuximab Versus Irinotecan as Second-Line Treatment in Patients With Metastatic, EGFR-Positive Colorectal Carcinoma

-A Phase II Study of Oral DJ-927 Administered as a Single Dose Every Three Weeks to Patients With Advanced or Metastatic Adenocarcinoma of the Colon or Rectum

KIDNEY

-Open-Label, Non-Comparative Treatment Protocol For the use of Sorafenib in Patients With Advanced Renal Cell Carcinoma

LUNG

-A Phase II, Multicenter, Randomized Clinical Trial to Evaluate the Efficacy and Safety of Bevacizumab in Combination with Chemotherapy (Docetaxel or Pemetrexed) or Tarceva™ (Erlotinib) Compared with Chemotherapy (Docetaxel or Pemetrexed) Alone for Treatment of Recurrent or Refractory Non-Small Cell Lung Cancer

-A Randomized Multicenter Phase II Study of Taxane/Carboplatin/Cetuximab Versus Taxane/Carboplatin as First-Line Treatment for Patients with Advanced/Metastatic Non-Small Cell Lung Cancer

LYMPHOMA

-The National Lymphocare Study: An Observational Study of Treatment, Outcomes, and Prognosis in Patients With Follicular Non-Hodgkin's Lymphoma

-A Multi-center, Open-Label, Non-Randomized, Phase II Study of Elsamitruicin (SPI 28090) in Patients With Relapsed or Refractory Non-Hodgkin's Lymphoma

MELANOMA

-A Randomized, Double-Blind, Multicenter Study Comparing MDX-010 Monotherapy, MDX-010 in Combination with a Melanoma Peptide Vaccine, and Melanoma Vaccine Monotherapy in HLA-A*0201-Positive Patients With Previously Treated Unresectable Stage III or IV Melanoma

MULTIPLE MYELOMA

-A Multicenter, Open-Label, Randomized trial evaluating the duration of infusion of Zometa® (zoledronic acid) 4 mg IV in Multiple Myeloma Patients with Bone Metastases

OVARIAN

-Phase III Randomized Trial of Induction Chemotherapy With Gemcitabine and

Carboplatin Followed by Elective Paclitaxel Consolidation Versus Paclitaxel and Carboplatin Followed by Elective Paclitaxel Consolidation in Patients With Primary Epithelial Ovarian, Primary Peritoneal Cancer or Fallopian Tube Carcinoma

PANCREAS

-A Phase III Randomized, Controlled Study to Evaluate the Safety and Efficacy of PANVAC™ -VF in Combination With GM-CSF Versus Best Supportive Care or Palliative Chemotherapy in Patients With Metastatic (Stage IV) Adenocarcinoma of the Pancreas Who Have Failed a Gemcitabine-Containing Chemotherapy Regimen

PREVENTION

-An Open-Label Phase II/III Trial of a Complex Dietary Supplement for the Reduction of Cancer Risk in Higher-Risk-Defined Populations

PROSTATE

-A Phase II Trial of Adjuvant Bevacizumab and Erlotinib in Patients at High Risk for Early Relapse Following Radical Prostatectomy for Prostate Cancer

-A Phase II Trial of Paclitaxel and Carboplatin in the Treatment of Hormone-Refractory Prostate Cancer (HRPC)

-A Multi-Center, Multi-National, Double-Blind, Randomized Phase III Study of Satraplatin plus Prednisone or Placebo plus Prednisone in Patients With Hormone Refractory Prostate Cancer Previously Treated With One Cytotoxic Chemotherapy Regimen

SOLID TUMOR

-A Double-Blind, Randomized, Multicenter, Placebo-Controlled, Parallel Group, Dose Ranging Study to Assess the Efficacy, Safety, and Pharmacokinetics of an Oral Thrombopoietin Receptor Agonist (SB-497115-GR) Administered at 50, 75, and 100 Mg to Cancer Patients Receiving Multiple Cycles of Chemotherapy

THYROID

-A Phase 2, Open-Label Study of AMG 706 to Treat Subjects With Locally Advanced or Metastatic Thyroid Cancer

* Metastatic

Cancer resulting from the spread of the primary tumor

**Adjuvant therapy

Anticancer drugs, hormones, radiation therapy or other medication given after surgery to prevent the cancer from coming back

OUR NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS



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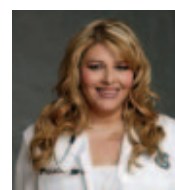
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What Are Physician Assistants?

Physician assistants are highly skilled professionals who have completed a medical training program and have passed a national examination. They must complete 100 hours of continuing medical education every two years and take a recertification examination every six years. Physician assistants work with physicians, but have autonomy in making decisions, evaluating patients, writing orders, and prescribing medications.

How About Nurse Practitioners?

Nurse practitioners have similar training, responsibilities, and privileges; they also have specific credentials including a registered nurse license, a master's degree in nursing, and certification as a nurse practitioner. Physician assistants and nurse practitioners are invaluable members of our medical team.

At our private practice, the physician assistants (PA) and nurse practitioners (NP) play a very important role in the ongoing care of the patients. Indeed, each nurse practitioner and each physician assistant goes through intensive subspecialty training in our practice after completing their training and certification. This post graduate training develops them into oncology/hematology specialty-dedicated professionals who are available on an ongoing basis in each of our offices to our patients and who help maintain a fluid stream of communication among patients, nurses, and physicians. They also assist in ongoing internal review to ensure compliance with prescribed regimens, as well as adherence to follow-up, monitorization, and surveillance procedures. We have put enormous efforts into assembling and training a nurse practitioner and physician assistant team with the highest level of education, and the best credentials. Together with our physicians and our nursing staff, our physician assistants and nurse practitioners help us provide the best cancer care available.